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PHOTO BY MC2 HANK GETTYS

Players from opposing teams maneuver to gain control of the ball during one of the kayak football games in the tournament held at Naval Support Activity Bethesda's Fitness Center pool March 12.

Kayak Football, Kayaking Help Veterans Thrive

By MC2 HANK GETTYS
NSAB Public Affairs staff writer

"Ball in the water!"

Eyes follow the football as it makes its arc into the pool.

Splash. The game is on.

The Third Annual National Kayak Football Tournament brought a flurry of paddles, boats and cheers to Naval Support Activity Bethesda's (NSAB) Fitness Center pool March 12.

Teams made up of Wounded Warriors, their families, active duty service members and others in the community competed in this unique sporting event, sponsored by Team River Runner.

"[Team River Runner] is a non-profit organization that offers a community program... to wounded and

disabled veterans and their families, along with other veterans on the base, to have an adaptive or inclusive paddling program," said Joe Mornini, founder and executive director of Team River Runner.

"Kayak football is a fun way to build skills and have fun and play like a kid again and compete," said Mornini. "[It] is a combination of hockey, kayaking, and football."

Kayak football is just one element of what the organization, which aims "to create an environment of healthy adventure, recreation and camaraderie for healing active duty, veteran service members and their families through adaptive kayaking," as stated on its website.



PHOTO BY MC2 HANK GETTYS

A kayak football player speedily turns his kayak during one of the kayak football games in the tournament held at Naval Support Activity Bethesda's Fitness Center pool March 12.

See KAYAK page 6

DoD Gives Final Go-Ahead to Open All Military Jobs to Women

By KAREN PARRISH, DOD NEWS
Defense Media Activity

After “exceptionally thorough work” by all of the services, the U.S. military is authorized to begin integrating women across all occupations and specialties immediately, according to a Defense Department statement released March 10.

Pentagon Press Secretary Peter Cook briefed reporters on Defense Secretary Ash Carter’s decision and the accompanying statement.

Carter “formally approved the final implementation plans prepared by the military services and U.S. Special Operations Command to integrate women into all combat roles,” Cook said.

Managing Change ‘The Right Way’

In the statement, Carter said the department must handle the change “the right way, because the combat effectiveness of the world’s finest fighting force is paramount.”

Cook noted that Deputy Defense Secretary Bob Work and Vice Chairman of the Joint Chiefs of Staff Air Force Gen. Paul J. Selva co-chaired an implementation group tasked with a detailed review of the plans.

The review was the culmination of years of studies and reports going back to 2011, when then-Defense Secretary Leon E. Panetta ordered an examination of all laws and policies governing the assignment of women in the armed forces.

Carter’s seven “guiding principles” for integration shaped the implementation group’s review of the services and Socom’s final plans: transparent standards, population size, physical demands and physiological differences, conduct and culture, talent management, operating abroad, and assessment and adjustment.



LANCE CPL. KOBY SAUNDERS

Female Marines and a male Sailor, all assigned to the 22nd Marine Expeditionary Unit, prepare to enter a building during an urban operations training exercise with a female engagement team at Fort Pickett, Va., Feb. 21.

Not ‘The Way We’ve Always Done’ Things

Carter wrote a Medium post published March 10 detailing his views on the implementation plans.

In the post, the secretary gave some behind-the-scenes details on what the studies and reviews turned up.

“We found over the last few years that in some cases we were doing things because that’s the way we’ve always done them,” Carter wrote. For example, he said, the 35-pound weight carried by marchers in their rucksacks during the Army’s Expert Infantry Badge qualification was based on a World War II-era airborne study.

“It was the minimum weight required to prevent the rucksack from getting tangled in a jumper’s static line, and had nothing to do with the equipment required for paratroopers to fight with once they landed — let alone the modern equipment that infantry soldiers need to carry today,” Carter noted.

The study and work that has gone into opening all military jobs to women “drove us to take a closer look at

our training, too,” the secretary wrote.

Equal Opportunity, Merit- Based Advancement

Carter wrote that the department’s performance standards are now informed by real-world operational requirements and the experiences gained in Iraq and Afghanistan. “As a result, our military will be even better at finding and training not only the most-qualified women, but also the most-qualified men, for all military specialties,” he wrote.

Carter has said throughout his tenure that the integration process will mean equal opportunity for, not equal participation by, women service members.

“Integration provides equal opportunity for men and women who can perform the tasks required; it does not guarantee women will be promoted at any specific number or at any set rate, as adherence to a merit-based system must continue to be paramount,” the secretary wrote.

Carter noted, “We have to remember that it takes decades to grow a general or flag officer, so it will take time to see these results.”

Bethesda Notebook

Money Management Series

The Lunch & Learn Money Series, sponsored by Naval Support Activity Bethesda’s Fleet and Family Support Center, is scheduled each Tuesday in March from 11 a.m. to noon in Building 11, Room 171. Upcoming classes concern “TSP/Retirement Planning” (March 22) and “Investing” (March 29). To register, call 301-319-4087. For more information, contact Steve Harris at 301-400-2413, Brian Pampuro at 301-400-2414, or Lee Acker at 301-295-5081.

Pre-retirement Seminar

A two-day pre-retirement seminar, open to Walter Reed National Military Medical Center (WRNMMC) GS employees planning to retire within the next five years, is being held April 11-12 from 8 a.m. to 4 p.m. in the National Intrepid Center of Excellence auditorium in Building 51 at WRNMMC. Space is limited; registration is required and opens March 28. For more information, contact Lisa Wilson at lisa.s.wilson.civ@mail.mil or 301-319-8510.

Brain Injury Awareness

In observance of Brain Injury Awareness Month, the National Intrepid Center of Excellence (NICoE) at Walter Reed National Military Medical Center (WRNMMC) will host the program “Traumatic Brain Injury 101” on March 31 at noon in the NICoE Auditorium. The program is open to staff and beneficiaries of WRNMMC.

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Brain Injury Month ‘Lunch & Learn’ Sessions Educate Staff, Patients

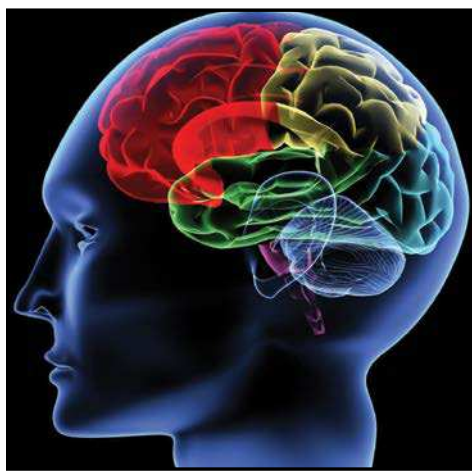
By **SARAH MARSHALL**
WRNMMC Public
Affairs staff writer

To offer staff and patients an opportunity to gain relevant information about traumatic brain injuries, the National Intrepid Center of Excellence (NICoE) is hosting “Lunch and Learns” this month.

The hour-long sessions are taking place in the NICoE Auditorium as part of Brain Injury Awareness Month. The first session was open to staff and took place March 10, focusing on post-traumatic headaches.

A neurologist in the TBI clinic at Walter Reed National Military Medical Center (WRNMMC), Dr. Edward Neely said of the Lunch and Learns, “It’s an important learning experience.” He added, these sessions engage staff and enhance their understanding of the various roles they each play in patient care. Neely led the Lunch and Learn on March 10, giving an overview of post traumatic headaches, signs to look for, and types of treatment available.

A post traumatic headache begins within weeks after an individual has suffered a head injury, Neely said. It’s important



COURTESY GRAPHIC

to understand this type of headache cannot be defined by any glaring signs on an MRI or CT scan, he added. This type of headache may persist long-term, occurring almost daily, especially early in the course of the condition.

This type of headache appears to respond well to only a few standard anti-migraine medications. Since post traumatic headaches, occurring due to a head injury in the theater of combat, may be accompanied by problems

such as sleep disturbance and PTSD (Post Traumatic Stress Disorder), other forms of treatment, such as biofeedback, mindfulness, or acupuncture may be recommended. Relaxation techniques or meditation might also be helpful, but he reminded everyone treatment is based on frequency, duration, associated symptoms and comorbid features.

It’s important to be proactive in getting treatment for post-traumatic headaches. If left untreated, the headaches may continue to recur daily. Neely encourages patients suffering from this condition to see a neurologist.

Neely went on to outline other common types of headaches – there are more than 200 types clinically recognized, he said. The most common types are tension-type headaches and migraines. He also focused on chronic daily headaches, those headache types occurring at least 15 days per month, of which the most common type are chronic migraines.

A migraine is not just a headache, Neely continued. In many patients, it’s a chronic disease.

Migraines are due to a chemical imbalance

in the brain, which makes the brain hypersensitive to various stimuli, he said. They can be triggered by a number of factors, such as too little sleep, too much caffeine, red wine, or the sodium salt “MSG” (monosodium glutamate). It’s also important to note, patients with frequent sinus headaches may actually be suffering from migraines, he said.

“Migraine is more problematic ... presenting episodically as a moderate to severe headache, which often worsens with modest activities such as walking upstairs,” Neely said. Unlike tension headaches, migraines have accompanying symptoms such as light or sound sensitivity, nausea and or vomiting.

Migraines can typically be treated with standard medications, but Neely said chronic migraine sufferers should be seen by a headache specialist at least once.

Staff and patients are encouraged to attend the second Lunch and Learn, “Traumatic Brain Injury 101,” on March 31 from noon to 1 p.m. The session will be led by U.S. Public Health Service Lt Sherray Holland, NICoE’s Lead Clinical Education and Outreach Specialist.

Pentagon Clinic Employees Save Life, Respond to Cardiac Arrest Patient

By **THE DILORENZO TRICARE
HEALTH CLINIC**

A life was saved when the critical links of the life support chain were activated after a contract employee collapsed in the Pentagon Feb. 4.

An alert Marine, Col. Donald Revell, heard the man collapse and quickly called for help, then started Cardiopulmonary Resuscitation (CPR). Within moments, a Pentagon Force Protection Agency officer arrived with an automatic external defibrillator.

The DiLorenzo TRICARE Health Clinic (DTHC), attached to Walter Reed National Military Medical Center (WRNMMC), was not yet open, but a frantic knock and an emergency call activated the medical professionals. A DTHC team quickly formed and rushed to the victim.

Air Force Lt. Col. (Dr.) Marilyn Perry, nurse Lisa Mattocks and Senior Airman Melissa Richardson were first on the scene. The medical team took over CPR and used a more advanced defibrillator delivering a total of five shocks to restore the patient’s heartbeat. The cardiac rhythm on the monitor indicated the patient had suffered a massive heart attack.

DTHC cardiologist, Navy Cmdr. (Dr.) Marc Alaric Franzos coordinated with Arlington Emergency Medical Service to activate the heart attack protocol with Virginia Hospital Center (VHC), and nurses Air Force Maj. Darla Mayo and Army Capt. Jose Mendoza, along with medical

technician Air Force Staff Sgt. Tara Wisecup, assisted in the resuscitation and transfer of care of the patient.

Richardson described the transition as “seamless” as the DTHC team handed care of the patient over to Arlington EMS. The patient was transported to VHC for immediate cardiac catheterization where two critical blockages of the heart arteries were stented open. Less than a day later, sitting comfortably in his hospital room, the patient welcomed a visit from Revell.

“The teamwork was fluid, very cohesive and worked smoothly under immense pressure,” stated Hospital Corpsman 2nd Class Lawrence Acheampong, noncommissioned officer-in-charge of the DTHC Laboratory Department. “We all came together for the benefit of the patient,” added Spc. Argee Rivera, another DTHC team member. “I was just happy to have been able to assist by putting the right equipment in the hands of the people who saved his life.”

Richardson, who is new to the military, said she has never experienced anything like this before but felt a lot more confident in herself and her team after their lifesaving efforts.

“We respond to several emergency calls each week,” stated Army Col. (Dr.) Rebecca I. Porter, director of the DTHC. “This one was notable for the nature of the call and the fact that it came in before we were even open. When primary care staff [members] who were already at work heard



COURTESY GRAPHIC

what was happening, they sprang into action.

“I’m very proud of their competence and their ability to come together at a moment’s notice to save a man’s life,” Porter continued. “They went home [that day] feeling very good about what they do.”

You can follow DiLorenzo TRICARE Health Clinic – Pentagon on Facebook for patient and staff information.

For queries, contact Natalie Hedrick, marketing specialist at the DiLorenzo TRICARE Health Clinic at Natalie.P.Hedrick.ctr@mail.mil or by phone at 703-692-8564.

Red Cross Volunteers Bring Comfort to Families

By MCSN WILLIAM PHILLIPS
NSAB Public Affairs
staff writer

In the surgical waiting room at Walter Reed National Military Medical Center (WRNMMC), families of patients are all waiting for one sound – the ring of the black phone sitting on a desk by the door.

Wearing a royal blue vest with an American Red Cross patch on the back, a volunteer is there to answer the phone and pass the information to the family members.

On the other end of the line is the doctor bearing news of their loved one's surgery.

The American Red Cross volunteers act as a liaison between the doctors and the families in the waiting room, while providing basic needs like toiletries, snacks, and sometimes even clothing for those who have not packed a bag when staying overnight.

"A lot of times we don't interact with the patients themselves, but the families there can be so stressed,



PHOTO BY MCSN WILLIAM PHILLIPS

Therese Shell, a Red Cross surgical waiting room volunteer, answers the phone in the surgical waiting room at Walter Reed National Military Medical Center.

and we are able to help relieve some of that stress," said Surgical Waiting Room Chairwoman for the American Red Cross, Karel Fick. "Sometimes the family member can still be nervous, and it can be nice to have somebody to talk to."

The American Red Cross also has a Comfort Cart Pro-

gram that makes its way through the hospital starting with the surgical waiting room moving on to the Intensive Care Unit and throughout the inpatient 4th and 5th floors of Building 10. The Comfort Cart, armed with toiletries, snacks, blankets, and comfort items, goes to these inpatient areas seven

days a week in hopes of making patients and families stay just a bit easier.

"It's a way of giving back," said Fick. "Sometimes getting someone a toothbrush or getting them a snack from the cart can make their time waiting for their loved one to get out of surgery more bearable."

The volunteers in the waiting room can also be someone for the family to talk to if they want to know more information about their family member. The volunteer can call the medical personnel if the family is wondering why they have not heard any news.

"If the doctor has called and said the surgery went well, that [the patient] is in the recovery [room] and that they will call again in 30 minutes," said Fick, "an hour and a half later, if the family hasn't heard any news because the recovery ward is backed up or he didn't wake up right away, that family member is going to get anxious.

"If that's the case, the fam-

ily member can ask the volunteer to call the recovery ward and see what is going on and get the family the information they need."

All the volunteers here give up their time to help others for a reason.

For Fick, it's because of her son, who was stationed in the Middle East.

"I'm just somebody's mom and if a [service member] comes in, I'll just wait with them until their mom gets there, just like I would want somebody to do with [my son]," said Fick. "I would want somebody to wait there with [my son] until I got there."

Therese Shell, another volunteer in the program, also volunteers because of a military connection.

"I've always volunteered somewhere," said Shell. "My husband is Navy and my son is Navy. I love the military.

"I just want to be here to comfort them; this is the most appreciative place I've ever been."

WRNMMC Building Community through Prayer

By SHARON RENEE TAYLOR
WRNMMC Public Affairs Staff Writer

Snow showers couldn't stop most of the 350 staffers and patients with tickets from attending the Walter Reed National Military Medical Center (WRNMMC) Annual Prayer Breakfast, March 4. The yearly observance, usually held on the first Thursday in February, corresponds with the National Prayer Breakfast held on the same day in Washington, D.C., attended by the President, ambassadors, cabinet officials, international leaders and business executives.

The February blizzard and numerous command ceremonies encouraged planners to delay the Prayer Breakfast until March. Not to be confused with the National Day of Prayer to be held on May 5 this year, the National Prayer Breakfast, an annual breakfast held at WRNMMC and other military installations is designed to unite people of all walks of life and religious backgrounds.

The gathering of military, civilians, retirees and family members at the prayer breakfast prayed for the nation and its leaders and military, led in intercession by WRNMMC's Pastoral Care chaplains: Navy Chaplain Lt. Daniel Chung, and Army Chaplains Lt. Col. Frank O'Grady and Capt. David Ravenscraft, respectively. Held in Café 8901, the new location for the prayer breakfast enabled patients and medical center personnel to easily attend the event and return back to their wards.

"Some of our elderly were able to have a lot easier access as well, [along with] patients who wanted to join the program," explained Navy Chaplain Capt. Sal Aguilera, chief of Pastoral Care. The chaplain also explained why WRNMMC Chief of Staff Army Col. Michael Heimall was selected to deliver the event's keynote address.

"Sometimes it's good to select people you wouldn't normally think [of]," said Aguilera who explained a religious leader is usually selected for the keynote message. "There are other people who are religious in a variety of ways, spiritually," the chaplain explained.

"If any of our surgeons went into the operating room and at the end of the [surgery], they gathered the team and the patient for prayer, what would the response be?" Heimall asked the audience. "Would we view it as an opportunity to bind together diverse groups who are working for a common purpose?"

The chief of staff shared how prayer can strengthen unity and build community. He called prayer a powerful personal spiritual practice that can play a role in strengthening even the most diverse groups.

Heimall shared a research study published in the American Sociological Review that found that interfaith prayer practices played a key role in bridging cultural differences within diverse groups. Prayer played a crucial role in binding participants together across significant racial and socioeconomic differences, he said.

He explained the study found that bridging cultural practices through prayer worked to create a new sense of shared identity within groups.

"Together we create a patient-focused, provider-driven health-care system that leads the Military Health System in quality outcomes. To do this, we need our diverse interdisciplinary staff united by a common vision—committed to building community through prayer and the help of God," Heimall said.

Army Chaplain (Lt. Col.) Joseph Ko holds a daily prayer service in the WRNMMC Chapel, Monday through Friday, from 6:30 a.m. to 6:50 a.m.



WRNMMC PHOTO



PHOTO BY MCSN WILLIAM PHILLIPS

A group of Vietnam War veterans and Capt. Marvin L. Jones, Naval Support Activity Bethesda commanding officer, pose for a photo during a Vietnam War 50th Anniversary event at the USO Warrior and Family Center Bethesda, March 11.

NSAB Honors Vietnam Veterans

By **ANDREW DAMSTEDT**
NSAB Public Affairs staff writer

In an ongoing effort to remember the service of Vietnam War veterans, Naval Support Activity Bethesda (NSAB) invited three veterans to share their stories at a ceremony March 11.

Navy veterans Nancy and David Whipple, and Army Sgt. James Boikins shared their experiences about the Vietnam War with the assembled audience at the USO Warrior and Family Center at Bethesda.

"I can't go to the wall," Boikins said, referring to the Vietnam Veterans Memorial. "I looked at it; I had to walk away because of so many of my friends that I lost."

He was 19 when he went to Vietnam, recalling it as an unpopular war because of all the protestors shouting names at him when he came back from Vietnam.

"I was proud to serve my country because I was thinking about the guys that I lost, the guys that I served with," he said. "The protestors didn't bother me."

He said he has no regrets about his service and hopes people will remember the service of Vietnam veterans.

"Remember Vietnam, remember Vietnam," he said.

Nancy Whipple said she joined the Navy to get out of her hometown, Circle Pines, Minnesota.

"It was a little too cold for me and I was told, 'Join the Navy and see the world,'" she said. "I saw Bethesda, Maryland."

She said women weren't allowed to serve on ships in the 1970s when she enlisted like they are today. She worked as a corpsman at the National Naval Medical Center

(NNMC), which is now Walter Reed National Military Medical Center, following the merger of NNMC and the former Walter Reed Army Medical Center in 2011.

Even though she wasn't sent to Vietnam, she said she still faced opposition from her family about her decision to enlist. Her four sisters were protesting the war.

"I did not get mail from them for 10 years because they were so displeased with the war," she said. "War isn't wonderful, but I was very proud to serve my country."

She met David Whipple while stationed at NNMC and the two were married at the base's chapel. David Whipple was drafted after graduating from college in 1972 and he worked as a corpsman and lab technician at the Navy Medical Research Institute.

"There are a number of kids I went to school with, people I knew whose names are on that wall downtown," he said referring to the Vietnam Veterans Memorial.

The Whipples' daughter, Sara, is serving in the Navy in their footsteps and David said he is proud of her service and that there are more opportunities for women to serve in the military than in the 1970s when he and his wife served.

NSAB Commanding Officer Capt. Marvin L. Jones told the service members there to know the stories of those who served before them.

"It is crucial that we remember our history. Remember the things that these people have done for us," Jones said.

This was the second event NSAB has hosted after becoming a commemorative partner in the U.S. Vietnam War Commemoration program in 2015. The next event is planned for September 2016.

NEX Dance-Off

Photos BY AIRMAN MATTHEW HOBSON

More than 20 children participated in Naval Support Activity Bethesda's Navy Exchange television dance competition, March 12.



Dr. J.K. Yeager, retired navy veteran, is pleased to announce the association of his daughter, Dr. Caroline Yeager.



Dr. Caroline Yeager attended Princeton University for undergraduate studies and graduated with highest honors. She completed Duke Medical School, where she was a member of the Alpha Omega Alpha medical honor society, and she completed her residency training at Emory University.

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KAYAK

Continued from pg. 1

The organization gives these groups an activity and something to focus on that helps heal them and gives a sense of community, said Mornini.

"They're back doing something active again, it gets them reengaged and reconnected," said Mornini. "They have fun, they're getting some exercise."

They're getting out of that dark place that their disability or their service may have caused them to be in."

Retired Army Staff Sgt. Ryan Major can attest to this.

"Team River Runner got me in the water after I got out of the hospital and I've been kayaking since 2008," said Major. "It is definitely an outlet."

"Water has powerful therapeutic powers. That got me out of the



PHOTO BY MCSN WILLIAM PHILLIPS

Teams made up of Wounded Warriors, their families, active duty service members and others in the community competed in this unique sporting event, sponsored by Team River Runner.

house, it got me in the water to come paddle with other lovers of the water. It really got me out of a dark place."

Another important aspect of the program that helps veterans is just being around each other, said Mornini.

"They are able to be with other veterans, which is a very powerful part of our program, veterans with veterans," said Mornini. "Veterans know vet-

erans better than other people do."

"So veterans being able to do something fun like this and hang out with each other and kayak with other veterans, and then to be able to be with community members, it helps them kind of broaden their connections into the community as well."

For combat veterans, the organization offers a way to feel an adrenaline rush they

may miss and to challenge themselves, said Mornini.

"If they are a combat vet, combat vets have found our whitewater program to be an amazing opportunity to get that same adrenaline rush," said Mornini. "Something dangerous, something in which they can get that adrenaline flowing and something that they can train to get better at."

"[They] have said that this is the first thing [they've] done since combat that [they were] able to get that adrenaline rush, [they were] able to get better at it and have a sense of danger. And it's relentless. Whitewater comes at you very fast."

Specializing in kayaking for those with injuries and physical disabilities, Team River Runner will find a way to get you in a kayak.

"We put these boats together for any kind of disability; there is

not a disability that we can't program for," said Mornini. "So we were lucky, we found a sport that was very conducive to those with physical disabilities, deepening the skill level."

"Technology has only increased, and we are able to help so many people get into the water."

They don't only offer whitewater and kayak football, however.

"We have them go out and do flat-water workouts," said Mornini. "We train them, if they want to, to be sprint racers for the Paralympics, we do stand up paddle boarding."

They make the activities family friendly and encourage the participation of all ages.

"We have children's boats, we want them to bring their kids and families out with us," said Mornini. "We have an open house that veterans and their families are welcome to come up to Riley's Lock, Md. every Sun-

day from May to the end of October.

"If you name a paddle sport, we do that."

Starting 12 years ago, the organization now spreads across the nation.

"We've grown from this, the first chapter, and now our program has grown to over 50 chapters in 30 states," said Mornini. "A lot of the wounded and disabled veterans, when they leave here, many of them go to a place that has an existing chapter, or they go start one so they can continue to paddle."

If you are interested in getting in a boat or learning more, Team River Runner holds instructional kayaking for veterans in the NSAB Fitness Center pool Tuesdays from 5 p.m. to 7 p.m., and holds kayak football games Thursdays from 7 p.m. to 8:30 p.m.

You can also visit their website at teamriverrunner.org.

14 Years of Active Duty

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Member: Jay Rodriguez
U.S. Navy Reserve

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